Image# 10991263530

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZA	TION		
i Oitim i	(See instructions	s)		Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
OHIO REPUBL	ICAN PARTY STATE CENTRAL &	EXECUTIVE COMMITT	EE	
ADDRESS (number and s	treet) 211 S. Fifth Street			
(Check if address				
is changed)	Columbus		OH	43215
		CITY	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-m	nail address)		
(Check if address X is changed)	patton@ohiogop.org			
a sharges,				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address	1			
is changed)				
2. DATE 1 2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER	C00162339		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my know	rledge and belief it is true. corre	ct and complete	
,	·		р	
Type or Print Name of	Freasurer Mr. Paul Hoag			
Signature of Treasurer	Electronically Filed by Mr. Paul Ho	pag	Date 10 <sup>M</sup>	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may  ANY CHANGE IN INFORMAT			
Office Use Only		For further informati Federal Election Com Toll Free 800-424-95	on contact:	FEC FORM 1 (Revised 02/2009)

FEC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE (Check One)  Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	he candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d) X	This committee is a (National, State (or subordinate) committee of the REP	(Democratic, Republican,etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
	Corporation Corporation w/o Capital Stock La	bor Organization
	Membership Organization Trade Association C	ooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Cor	mmittees Participating in Joint Fundraiser	
	1. FEC ID number C	
	2. FEC ID number	
	3. FEC ID number C	
	4   FEC ID number C	

Write or Type Committee Name

	OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE				
6.	Name of Any Connected Org	anization, Affiliated Committee, Joint Fundr	aising Representative, or Leade	rship PAC Sponsor	
Ш	REPUBLICAN FINANCE (	COMMITTEE OF HAMILTON COUNTY			
	Mailing Address	700 Walnut Street Suite 3	09		
		Cincinnati	QH L	45202	
		CITY▲	STATE ▲	ZIP CODE	
	Relationship:  Connected Organization	X Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor	
7.	possession of Committee		optional), and position of th	e person in	
	Full Name Mr Jase	on Mauk			
	Mailing Address	% Ohio Republican Party			
		211 S. Fifth Street			
		Columbus	OH	43215	
	Title or Position ▼  Executive	CITY A Director	STATE A Telephone number 614	ZIP CODE <u>A</u> - <u>228</u> - <u>2481</u>	
8.		and address (phone number optional) of designated agent (e.g., assistant treasur		tee; and the	
	Full Name of Treasurer  Mr. Pat	ul Hoag			
	Mailing Address	8301 Pilliod Road			
			ОН		
		Holland		43528 –	
	Title or Position ♥	Holland CITY A	STATE A	43528 – ZIP CODE A	

FEC Form 1 (I	Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
	Telep	ohone number	
	positories: List all banks or other depositories in which the c	ommittee deposits funds, ho	olds accounts, rents
Banks or Other Dep safety deposit boxes Name of Bank, Depo	ository, etc.		
safety deposit boxes Name of Bank, Depo			<u> </u>
safety deposit boxes	ository, etc.  Fifth Third Bank		
safety deposit boxes Name of Bank, Depo	ository, etc.  Fifth Third Bank		
safety deposit boxes Name of Bank, Depo	Fifth Third Bank  21 East State Street  Columbus		
safety deposit boxes Name of Bank, Depo	Fifth Third Bank  21 East State Street  Columbus  CITY	OH L	43215
safety deposit boxes Name of Bank, Depo	Fifth Third Bank  21 East State Street  Columbus  CITY	OH L	43215
safety deposit boxes Name of Bank, Depo	Pifth Third Bank  21 East State Street  Columbus  CITY  Cository, etc.	OH STATE △	43215 ZIP CODE
safety deposit boxes Name of Bank, Depo	Pifth Third Bank  21 East State Street  Columbus  CITY   Desitory, etc.  Huntington National Bank  440 Polaris Parkway	OH STATE △	43215 ZIP CODE
safety deposit boxes Name of Bank, Depo	Pifth Third Bank  21 East State Street  Columbus  CITY   Ository, etc.  Huntington National Bank  440 Polaris Parkway	OH STATE △	43215 ZIP CODE

Banks or Other Depositories safety deposit boxes or maintain		nittee deposits funds, hol	ds accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
Mailing Address			
	CITY 🛕	STATE₄	ZIP CODE 🛕
Name of Any Connected Org	anization, Affiliated Committee, Joint Fundraising Re	presentative, or Leade	[ ADDITIONAL rship PAC Sponsor
Mailing Address	C/o Susan Jones		1 1 1 1 1 1 1 1 1
Maining / Mainoss	4679 Winterset Dr		
	Columbus	, OH, ,	43220   8113
elationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising Re	epresentative Lea	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Talank	none number	
	reepi		[ ADDITIONAL ]
Joint Fundraiser Participant			[ ADDITIONAL ]
	F	EC ID number	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	e deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	id.ido.		[ ADDITIONAL ]
Mailing Address			
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Organ	nization, Affiliated Committee, Joint Fundraising Repres	sentative, or Leade	[ ADDITIONAL ] ership PAC Sponsor
Mailing Address	228 S Washington St		
	Suite 115		
!	Alexandria	L\\\	22314 
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising Repres	sentative Lea	adership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
			_
Title or Position ▼	CITY A	STATE.	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant			[ ADDITIONAL ]
	FEC	ID number C	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committees funds	ee deposits funds, ho	ds accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
Mailing Address			
]			
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leade	[ ADDITIONAL ]
Portman Victory Committee	ee 2010		
Mailing Address	228 S Washington St Ste 115		
	Alexandria		22314
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising Repre	esentative Lea	adership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE	ZIP CODE A
	Telephon	e number	
Joint Fundraiser Participant			[ ADDITIONAL ]
1	FEC	C ID number	

Banks or Other Depositories safety deposit boxes or maintai		nittee deposits funds, hole	ds accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
Mailing Address	1		
	CITY 🛕	STATE∡	ZIP CODE 🛕
Name of Any Connected Org	anization, Affiliated Committee, Joint Fundraising Re	presentative, or Leader	[ ADDITIONAL rship PAC Sponsor
Mailing Address	150 Smokerise Dr		
	Wadsworth	L_H L	44281 - 8701
lationship:	CITY	STATE	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising Re	epresentative Lea	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Walling Address			
Title or Position ▼	CITY A	STATE <b></b> ▲	ZIP CODE A
	Teleph	none number	
Joint Fundraiser Participant			[ ADDITIONAL ]
	1 -	EC ID number C	-
	F	EC ID Humber	